



Montana Medicaid and
Healthy Montana Kids *Plus*

Team Care Referral Form

Team Care is the Montana Medicaid and HMK *Plus* lock-in program for members who have a history of using Medicaid or HMK *Plus* services at an amount or frequency that is not medically necessary. If you would like to refer a member whom you believe is appropriate for Team Care, please provide the following information.

Provider Name: _____

Provider NPI Number: _____

Provider Phone: _____

Provider Fax: _____

Member Name: _____

Medicaid ID: _____

Date of Birth: _____

Reason for referral: _____

Referring Provider Signature: _____

Date: _____

Reply to: Phone: 1-800-362-8312
Fax: (406)442-2328

or

Montana Health Care Programs, Member Help Line
PO Box 254
Helena, MT 59624-0254

For more information about Team Care, contact the Montana Health Care Programs, Member Help Line at
1-800-362-8312 or log on to our website at www.mtmedicaid.org